



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ETMC First Physicians

Respondent Name

East TX Educational Ins Assn

MFDR Tracking Number

M4-18-0335-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

October 10, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: Claim originally was sent to the Veterans Administration on 03/17/2016, 05/05/2016 and 05/12/2016. Was not informed this was a Worker's Compensation Claim until 09/13/2016. Called Administration for verification had to left [sic] voice messages. Verified on 11/07/2016 and claims faxed to Claims Administration. LVM with Claims Administration on 01/31/17. Claims Administration asking for VA denial did not received until 08/04/2017, mailed to Claims Administration along with proof of timely filing on 08/07/2017. Received EOB's from Claim Administration denied for timely filing.

Amount in Dispute: \$1,910.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our records indicate these bills, for date of service 3/4/16 and 3/5/16 were initially received in our office on 11/7/16. On 11/30/16 the charges were denied based on timely filing. On 8/7/17 a reconsideration was received for these charges and a denial for timely filing as well as timely filing of a reconsideration was issued on 8/21/17."

Response Submitted by: Claims Administrative Services Inc

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Dispute Amount | Amount Due |
|------------------|-----------------------|----------------|------------|
| March 4, 2016 | Codes 99222 and 99221 | \$1,910.00 | \$0.00 |
| March 5, 2016 | Codes 99232 and 29881 | | |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides certain exceptions for untimely submission of a medical bill.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired
 - 307 – Per 133.250, a reconsideration shall not be submitted later than 11 (<07/01/12) or (>=07/01/12) months from the date of service
 - 350 – Bill has been identified as a request for reconsideration or appeal
 - 719 – Per Rule 133.20, a medical bill shall not be submitted later than the 95th day after the date of service
 - W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

Issues

1. What is the timely filing deadline applicable to the medical bills for the disputed services?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – “THE TIME LIMITE FOR FILING HAS EXPIRED”, 307 – “PER 133.250, A RECONSIDERATION SHALL NOT BE SUBMITTED LATER THAN 11 (<07/01/12) OR (>07/01/12) MONTHS FROM THE DATE OF SERVICE”, 350 – “BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL”, 719 – “PER RULE 133.20, A MEDICAL BILL SHALL NOT BE SUBMITTED LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE” and W3 – “IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL AHS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.”

28 Texas Administrative Code §133.20(b) requires that, except as provided in Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.”

Texas Labor Code §408.0272(b) provides certain exceptions to the 95-day time limit for bill submission:

Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Documentation provided does not support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the health care provider was required to submit the medical bill not later than the 95th day following the date the disputed services were provided.

2. Texas Labor Code §408.027(a) states that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.”

28 Texas Administrative Code §102.4(h) provides that:

Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Review of the submitted information finds documentation does not support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

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|-----------|--|-------|
| <hr/> | <hr/> | <hr/> |
| Signature | Medical Fee Dispute Resolution Officer | Date |

10/27/2017

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim. The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.